

Subject: Health Check up Booking Confirmed Request(bobE47997),Package Code-PKG10000228, Beneficiary Code-61138

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 15:40:28 GMT+0530

To: You

Cc: customercare@mediwheel.in

14

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MedSave

011-41195959

Email:wellness@mediwheel.in

Hi Metro Hospital & Heart Institute,

Diagnostic/Hospital Location :Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,City:Haridwar

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000228

Beneficiary Name : MS. SINGH SHIKHA

Member Age : 32

Member Gender : Female

Member Relation : Employee

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40

Location : HARDWAR,Uttarakhand-249403

Contact Details : 9719532938

Booking Date : 10-10-2023

Appointment Date : 14-10-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
 2. It is advisable not to undergo any Health Check during menstrual cycle.
- We request you to facilitate the employee on priority.

Subject: Health Check up Booking Request(bobE47997), Beneficiary Code-61138

Mediwheel <wellness@mediwheel.in>

Sent: Tue, 10 Oct 2023 21:57:38 GMT+0530

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Dear **Metro Hospital & Heart Institute,**

City : Haridwar . **Address :** Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township .

We have received the confirmation for the following booking .

Name : MS. SINGH SHIKHA
Age : 32
Gender : Female
Package Name : Medi-Wheel Full Body Health Checkup Female Below 40
Contact Details : 9719532938
Booking Date : 10-10-2023
Appointment Date : 14-10-2023

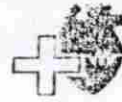
Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MS. SINGH SHIKHA	32	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40 - Includes (37)Tests

Tests included in this Package

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin



Patient Name..... Singh shikha Age/Sex..... Reg.No.....

Doctor..... Dr. Naman Agarwal.....

Date.....

Time.....

DENTAL EXAMINATION

➤ TEETH STATUS = Good

• MISSING - NIL

• DECAYED - 8

➤ ORAL HYGIENE STATUS = Average

• STAINS - NIL

• CALCULUS - NIL

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we treat...HE CURES

**Metro Hospital
& Heart Institute**

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OPD CONSULTATION

Patient Name Ms. Simla Shikha Age/Sex Reg. No.

Doctor's Name Dr. Sushil Kumar

Date 14/10/23 Time

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/6 e-ogl
Lt 6/6

NEAR VISION-

Rt N/6 e-ogl
Lt N/6

COLOUR VISION

— Normal

EYE EXAMINATION

- Cornea
- Ant Chamber
- Pupil
- Fundus Examination

ADVICE-

Dr. Sushil Kumar, MBBS, MS (Ophthalmology)
Consultant Ophthalmologist
Metro Hospital & Heart Institute
Sidcul, Haridwar
Signature

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

Ms Shikha Singh

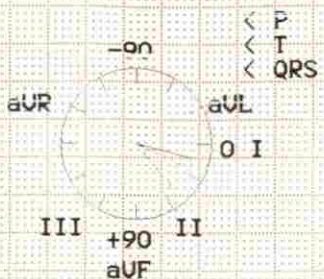
HR 69 bpm

32y1f

14-10-23

Measurement Results:

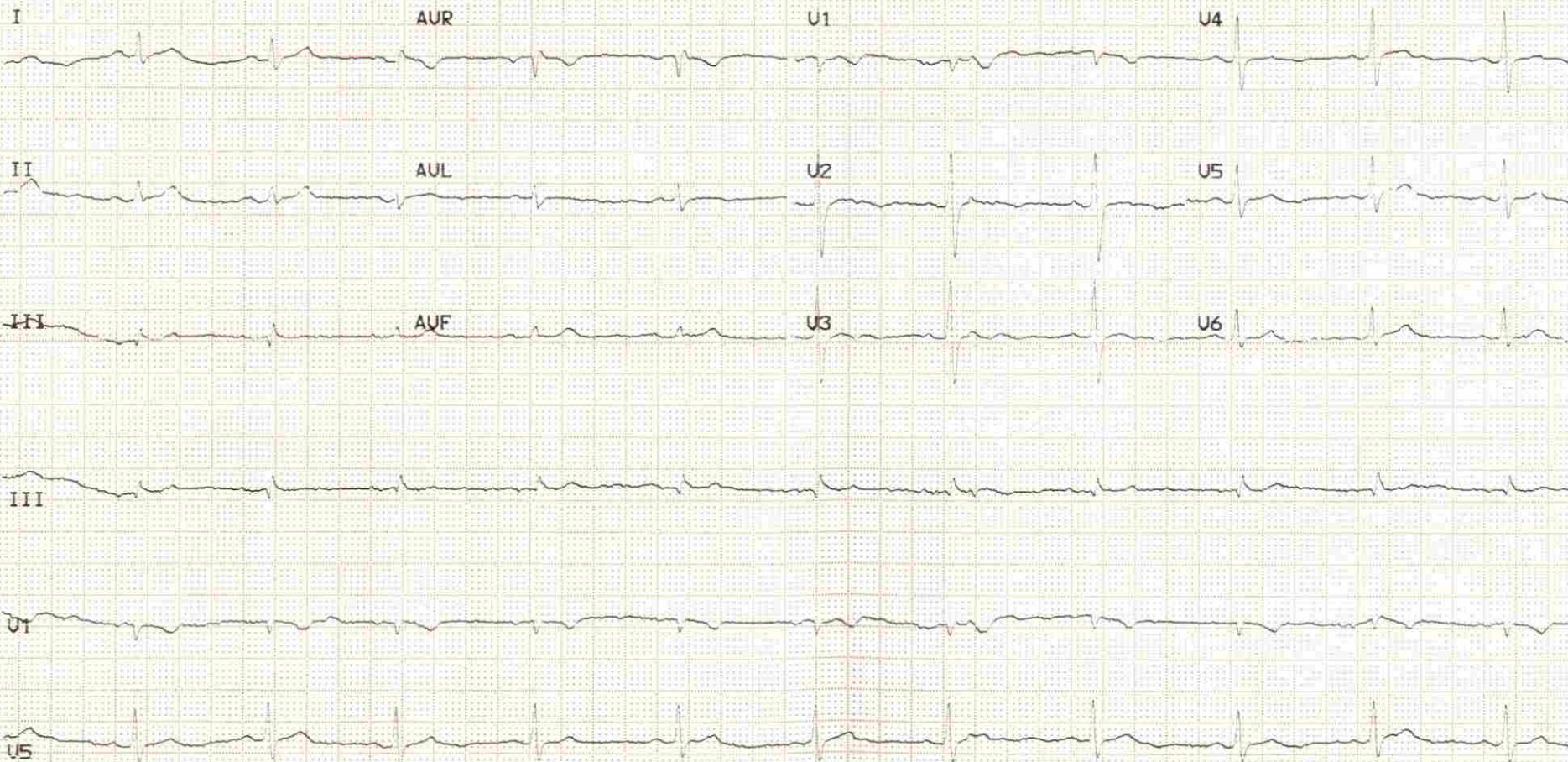
QRS	:	96 ms
QT/QTcB	:	324 / 347 ms
PR	:	152 ms
P	:	98 ms
RR/PP	:	870 / 875 ms
P/QRS/T	:	25/ 15/ 50 degrees
QTD/QTcBD	:	58 / 62 ms
Sokolow	:	mU
NK	:	9



Interpretation:

R/S inversion area between U1 and U2 probably normal ECG

Unconfirmed report.





OPD INITIAL ASSESSMENT



Dr. Name: Dr. Sonu Rana, MBBS, MD (Gynaec & Obs)
 Consultant Gynaec & Obs
 Metro Hospital & Health Institute
 Regn. No. SIDCUL, Haridwar, Reg. No.-1294 (UKMC)
 Tel. No. +91-81919 02600

NAME OF PATIENT: Mrs. Shikha
 AGE/SEX: 32y
 ID NO.: 18003
 DATE / IN TIME: 14/01/23

PRESENT COMPLAINT:
Pain, (both legs) CB 3kg
Cloudy white discharge
off on
15/01/23.

PAST HISTORY:

FAMILY HISTORY:

EXAMINATION:

DIAGNOSIS:

DRUG ALLERGY:

FOR OPD APPOINTMENT: +91-1334-6666 60, 2390 40, 42, 43

INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED

Adv stop lactals
3-NITE VAG TAB 4x 3mg
7. SUCRAL 1000 x 3m

(DOCTOR SIGNATURE) [Signature]

OUT TIME

Next Followup:

NUTRITIONAL SCREENING: Wt. Loss Loss Of Appetite Muscle Wasting Delay Wound Healing Lethargy Decrease Mobility

Pain scale 0. NO PAIN 02 Mild Pain 04 Annoying Pain 06 Moderate Pain 08 Severe Pain 10 Worst Pain

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 F-mail : metroharidwar@metrohospitals.com. Website: www.metrohospitals.com

hospitals.com 3043

**Radiology Investigation Report**

Name : Mrs. Shikha Singh
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311307
Date : 14/10/2023

Age/Sex : 32 Y/F
UHID NO : 2023018003
Request No : 70240490

X-RAY CHEST PA View

Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.

DR.PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

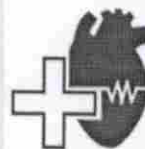
Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

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2D ECHOCARDIOGRAPHY

Name:	Mrs. Shikha Singh	UHID No:	2023018003
Age/Sex:	32Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	14.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	1.0	(0.6 – 1.1 cm)
LVPW (ED)	1.1	(0.6 – 1.1 cm)
LVID (ED)	4.7	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.1	(2.0 – 3.7 cm)
LA dimension	2.9	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 66, A – 50, E/A>1	
Aortic	Nil	Vel – 111	
Tricuspid	Trace	Vel – 224	PASP – 21
Pulmonary	Nil	Vel – 97	

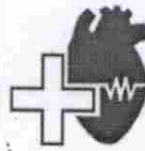
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FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, PASP 21 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

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Pathology Report

Name : Mrs. Shikha Singh
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311307
 Sample Date : 14/10/2023
 Reporting Date: 15/10/2023

Age/Sex : 32 Y/F
 UHID : 2023018003
 Request No. : 10374724
 Sample Time : 10:08
 Reporting Time : 00:49

Test	Result	Unit	Bio. Ref. Inter. Test Method
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Hematology

BLOOD GROUP

ABO	O		-
Rh	POSITIVE		-

CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)

HB	12.0	gm/dl	F - 11.5-15
TLC	6030	/cumm	4000-11000

DLC (WBC DIFFERENTIAL)

NEUTROPHILS	62	%	45-75
LYMPHOCYTES	28	%	25-45
EOSINOPHILS	04	%	1-6
MONOCYTES	06	%	2-8
BASOPHILS	00	%	<2

RBC	4.44	million	3.5-5.5
PCV	40.5	%	36-52
MCV	91.2	fL	80-100
MCH	27.0	PG	27-32
MCHC	29.6	gm/dl	31-37
PLATELET COUNT	1.71	lakh/cumm	1.5-4.5
RDW	14.5	%	11.5-15
ESR	20	mm/hr	20

Serology & Immunology

THYROID PROFILE

T3	2.64	nmol/L	1.70-3.10
T4	13.8	µg/dl	5.95-15.4
TSH	4.51	µIU/L	0.46-4.68

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Checked By

Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
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- All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

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Age/Sex : 32 Y/F
 UIID : 2023018003
 Request No. : 10374724
 Sample Time : 10:08
 Reporting Time: 00:49

Test	Result	Unit	Bio. Ref. Inter. Test Method
Biochemistry			
HBIAC	5.7	%	4.5-6.3
BLOOD SUGAR -PP	95.0	mg/dl	70.0-140.0
BLOOD SUGAR -FASTING	83.0	mg/dl	70.0-110.0
LIPID PROFILE			
TOTAL CHOLESTEROL	190.0	mg/dl	00-250.0
HDL-CHOLESTEROL	42.0	mg/dl	00-50.0
LDL	133.0	mg/dl	00-150.0
TRIGLYCERIDES	74.0	md/dl	30-150
VLDL	15.0	mg/dl	0-50
CHOL/HDL Ratio	4.5		<4.5
LFT (LIVER FUNCTION TEST)			
BILIRUBIN INDIRECT	0.50	mg/dl	0.2-0.8
SGOT	29.0	U/L	10-42
SGPT	18.0	U/L	10-42
BILIRUBIN TOTAL	1.0	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	107.0	IU/L	28-111
BILIRUBIN DIRECT	0.50	mg/dl	0.1-0.4
TOTAL PROTEIN	7.5	gm/dl	6.4-8.2
ALBUMIN	4.0	g/dl	3.5-5.0
GLOBULIN	3.5	gm/dl	2.0-4.0
AG RATIO	1.1		-
KFT (KIDNEY FUNCTION TEST)			
UREA	20.7	mg/dl	15-45
SODIUM	143.0	mmol/L	135-155
CREATININE	0.72	mg/dl	0.6-1.3
URIC ACID	4.6	mg/dl	3.0-7.6
BUN	9.8	mg/dl	05-20
POTTASSIUM	4.4	mmol/L	3.5-5.5
CALCIUM	9.5	mg/dl	8.5-10.5

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

AO
 Checked By

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10/15/2023 1:50 AM



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 UIID : 2023018003
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 Sample Time : 10:08
 Reporting Time: 00:49

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Urine Examination				
URINE SUGAR	NIL			
URINE ROUTINE ANALYSIS				
PHYSICAL EXAMINATION				
COLOUR	PALE			
	YELLOW			
TRANSPARENCY	CLEAR			
S. GRAVITY	1.015			
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
pH	6.0			
BLOOD	NIL			
KETONE	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3			
EPITHELIAL CELLS	1-2			
RBC	NIL			
CRYSTALS	NIL			
CAST	NIL			
BACTERIA	NIL			
AMORPHOUS PHOSPHATE	NIL			
AMORPHOUS URATES	NIL			

*** End of Reports ***

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